Immunize Utah

Volume 2, Issue 3 | Utah Department of Health Immunization Program | Summer 2002

New DTaP Vaccine Now Available

Jan M. Kilpack, RN, BSN
Utah VFC Program Coordinator
Utah Immunization Program

On May 14, 2002, the Food and Drug Administration (FDA) approved for use an additional combined diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). Beginning July 2002, this new vaccine, known by it's trade name as DAPTACEL™, is available for distribution through the Utah Vaccines for Children (VFC) Program. With the introduction of this product, the Utah VFC Program hopes that the shortages of DTaP currently experienced will be alleviated. The DAPTACEL™ that you receive through the Utah VFC Program will be packaged in 5 1-dose vials, in accord with contractual agreement between the Centers for Disease Control and Prevention (CDC) and the vaccine manufacturer, *Aventis Pasteur Limited*. Each vial will contain one 0.5 mL dose.

DAPTACEL™ is indicated for active immunization against diphtheria, tetanus and pertussis in infants and children 6 weeks through 6 years of age (prior to the seventh birthday). The vaccine is approved for intramuscular administration as a 4-dose series at 2, 4, and 6 months of age, at time intervals of 6-8 weeks, and at 17-20 months of age. The time interval between the third and fourth dose should be at least 6 months. Remember to shake the vial well just before using. *As with other pertussis-containing vaccines, persons 7 years or age and older should not be immunized with DAPTACEL ™* [1]

The Advisory Committee on Immunization Practices (ACIP) continues to recommend that, whenever feasible, the same brand of DTaP vaccine be used for all doses in the vaccination series. When the vaccine provider does not know or does not have available the type of DTaP vaccine previously administered, any of the licensed DTaP vaccines can be used to complete the series. [2]

As in the past, the Utah VFC Program offers providers choice of vaccine brand. Yet, if the brand you have selected is not available at the time your vaccine order is received, your order will be filled with the brand that is in inventory at that time. If you have any questions or concerns, please call the Utah Immunization Program at (801) 538-9450.

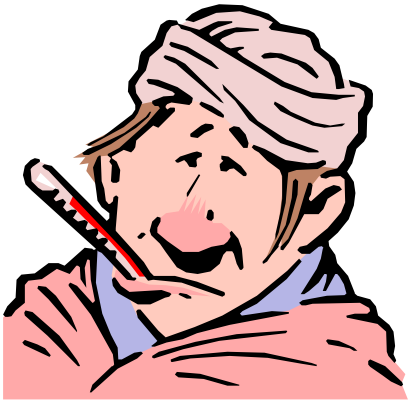
1. Product information, Aventis Pasteur Limited, May 2002.
2. Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series, MMWR, Nov. 17, 2000/Vol 49/No. RR-13.

Inside this Issue

It's Always the Season to Vaccinate against Pneumonia!

Carlie Shurtliff
Adult Immunization Coordinator
Utah Immunization Program

Streptococcus pneumoniae infections are among the leading causes worldwide of illness and death for young children, persons with underlying debilitating medical conditions, and the elderly. Pneumococcal disease is the most commonly identified cause of bacterial pneumonia. Each year in the United States, pneumococcal disease accounts for approximately 125,000 cases of pneumonia requiring hospitalization. The timing of treatment and type of antibiotic prescribed is critical and can assist or complicate case outcomes. Another complicating factor is resistance to penicillin and other antimicrobial agents that has spread rapidly in the United States in recent years. In some areas, more than 30% of pneumococcal isolates are not susceptible to penicillin. Despite appropriate antimicrobial therapy and intensive medical care, the overall case-fatality rate for pneumococcal bacteremia is 15-20% among adults. Among elderly patients, this rate is approximately 30-40%. Pneumococcal infections account for an estimated 40,000 deaths annually in the United States; more deaths than any other vaccine-preventable bacterial disease.



In Utah, the 7th overall leading cause of death is due to Pneumonia and Influenza. Among Utah's elderly, 65 and older, it is the 5th leading cause of death. In 1999, 70% of deaths reported for persons 65 and older were due to Pneumonia. Utah's hospitals admitted 3,465 persons 65 and older with pneumonia in 2000. Approximately 10% of those who were admitted for pneumonia died from pneumonia. Provisional data from Utah's 2001 Behavioral Risk Factor Surveillance System indicate only 66.3% of persons 65 and older have been vaccinated against pneumonia. The trend is incrementally increasing, however, we have a long way to go.

Approximately 50% of these deaths can be prevented through the use of the pneumococcal vaccine. A 23-valent pneumococcal polysaccharide vaccine (PPV) which includes 23 of the most common serotypes of *S. pneumoniae* and has been available since the early 1980s. Despite its availability, the vaccine is underutilized. **Thousands of hospitalizations could be avoided and hundreds of lives could be** saved in Utah every year, simply by vaccinating.

Who should be vaccinated?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
  - heart disease
  - lung disease
  - sickle cell disease
  - diabetes
  - alcoholism
  - cirrhosis
  - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
  - Hodgkin's disease
  - lymphoma, leukemia
  - kidney failure
  - multiple myeloma
  - nephrotic syndrome
  - HIV infection or AIDS
  - damaged spleen, or no spleen
  - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
  - long-term steroids
  - certain cancer drugs
  - radiation therapy
- Persons living in special environments or social settings:
  - Long Term Care
  - Alaska Natives and certain American Indian populations.

How many doses are needed?

A single dose of pneumococcal vaccine is recommended for most persons aged 65 years or older. Some people who were younger than 65 when they received the pneumococcal vaccine may need one booster dose after 5 years. Detailed revaccination schedules can be found in the ACIP recommendations at: www.cdc.gov/nip/vaccine/pneumo

A patient has an indication for pneumococcal vaccine, but doesn't have a record of receiving pneumococcal vaccine. What is recommended?
Providers should not withhold vaccination in the absence of an immunization record or incomplete record. For pneumococcal vaccine, the patient's verbal history can be used to determine vaccination status. Persons with uncertain or unknown vaccination status should be vaccinated.

A patient has had laboratory-confirmed pneumococcal pneumonia. Does he/she still need to be vaccinated?
Yes. If they have not had a PPV shot and meet the criteria. There are more than 80 known serotypes of pneumococcus (23 serotypes are in the current vaccine). Infection with one serotype does not necessarily produce immunity to other serotypes. As a result, if the person is a candidate for vaccination, he/she should receive it even after one or more episodes of invasive pneumococcal disease.

Should hospitalized patients >65 years be routinely immunized against pneumonia?
Yes. Medicare patients hospitalized for any reason have triple the risk of future admissions for pneumonia. Thirty-eight percent of hospitalized Utah Medicare pneumonia patients had been admitted the previous year.

Should all nursing home patients 65 and over be vaccinated against pneumococcal disease?
Yes. Standing orders for vaccination of persons admitted to long term care facilities can help simplify the procedure. Providers should obtain immunization histories for facility residents and pneumococcal vaccination should be recommended and documented upon intake to the facility.

Should influenza and pneumococcal vaccines be given simultaneously?
Pneumococcal vaccine can be given simultaneously with any inactivated vaccine, including influenza vaccine. It is often convenient to administer pneumococcal vaccine in conjunction with the influenza vaccine, but the pneumococcal vaccine can be administered any time of the year and should not be deferred if the need is indicated.

The pneumococcal vaccine is safe and effective in preventing illness and death due to pneumococcal disease. Some people have experienced mild side effects, but these are usually minor and last only a short time. When side effects do occur, the most common include swelling and soreness at the injection site. A few people experience fever and muscle pain. As with any medicine, there are very small risks that serious problems could occur after getting a vaccine. However, the potential risks associated with the pneumococcal disease are much greater than the potential risks associated with the pneumococcal vaccine. You cannot get pneumococcal disease from the vaccine.

If you have questions or need further clarification about the pneumococcal vaccine or other related issues you may visit the following websites:

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/nip/vaccine/pneumo/default.htmhttp://www.cdc.gov/nip/recs/adult-schedule.htm

Immunization Action Coalition (IAC)
www.immunize.org/va

National Coalition for Adult Immunization (NCAI)
www.nfid.org/ncai

You may also call the **Utah Immunization Program Hotline at 1-800-275-0659** for additional pneumococcal information.

Mark Your Calendars !

National Immunization Awareness Month	August
Epidemiology & Prevention of Vaccine Preventable Disease Course Minneapolis, MN	August 28-29
Immunization Surveillance Workshop (more details to come)	September

CDC Satellite Broadcasts

Immunization Update 2002	August 15

Continuing education credits are offered for each broadcast.
For more info. contact Becky Ward at (801) 538-9450.

Standards for Pediatric Immunization Practices

In May 1992, responding to a recent resurgence of measles, the U.S. Public Health Service and a diverse group of medical and public health experts established the *Standards for Pediatric Immunization Practices*. These Standards, which were approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics, represent the most desirable immunization practices which all health care providers and immunization programs should strive to achieve.

Though created in 1992, these Standards still apply today. Immunization practices must be reviewed if we wish to protect and immunize 90% of Utah's two-year-olds by the year 2010. By reviewing and adopting these Standards, providers can continue to enhance and change their own policies and practices.

Standard 1. Immunization services are readily available.

Standard 2. There are no barriers or unnecessary prerequisites to the receipt of vaccines.

Standard 3. Immunization services are available free or for a minimal fee.

Standard 4. Providers utilize all clinical encounters to screen and, when indicated, immunize children.

Standard 5. Providers educate parents and guardians about immunization in general terms.

Standard 6. Providers question parents or guardians about contraindications and, before immunizing a child, inform them in specific terms about the risks and benefits of the immunizations their child is to receive.

Standard 7. Providers follow only true contraindications.

Standard 8. Providers administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.

Standard 9. Providers use accurate and complete recording procedures.

Standard 10. Providers co-schedule immunization appointments in conjunction with appointments for other child health services.

Standard 11. Providers report adverse events following immunization promptly, accurately, and completely.

Standard 12. Providers operate a tracking system to identify and notify patients due or overdue for immunizations.

Standard 13. Providers adhere to appropriate procedures for vaccine management (storage and handling).

Standard 14. Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.

Standard 15. Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.

Standard 16. Providers operate with patient-oriented and community-based approaches.

Standard 17. Vaccines are administered by properly trained individuals.

Standard 18. Providers receive ongoing education and training on current immunization recommendations.

Watch for more information on how you can implement these Standards in your office in upcoming editions of this newsletter.

For more information:
www.cdc.gov/od/nvpo/standar.htm

Standards for Pediatric Immunization Practices, MMWR, Recommendations and Reports, April 23, 1993/Vol. 42

Physician Forum

July 5, 2002

Clinics Administering Vaccines for Children Program, WIC, and Neonatal Follow-up clinics,

It is important to note that these three venues should emphasize to parents the importance of always returning to their primary care provider, either a pediatrician or family practitioner, for regular growth and development screening. The Vaccines for Children Program offered through the public health clinics is an extremely valuable service to the community but is not a substitute for regular scheduled visits by a licensed healthcare professional.

Likewise, the WIC program is also not a substitute for these regular check ups in growth and development, in spite of their invaluable contribution to our families in regard to nutritional supplies and counseling.

Occasionally parents become confused because of these services, thinking that is the total care for their child. I have seen this occur occasionally with the neonatal follow-up clinics as well. The parents will fail to follow-up with their own primary care provider. Most pediatricians and some family practitioners give VFC immunizations in their offices at the time of well child visits.

I am sure that all primary care providers who provide for children in the State would feel the importance of this ongoing assessment and coordination of the total care of each child by his/her primary care physician.

Stuart W. Slingerland, M.D.
Utah Valley Pediatrics

Editors Note: The Immunization Program recently received this letter from a provider. We support the important ideas for coordination of care between all entities that may provide a segment of care for a child. New parents are especially vulnerable to confusion from an overload of information. Coordination will ensure that parents have the information necessary to ensure the best future for their children.

The "Physician Forum" will be an ongoing feature to share information and ideas. We encourage submission of letters which will be reviewed for publication in future issues.

Kudos To Providers!

The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization (Clinic Assessment Software Application (CASA)) assessments:

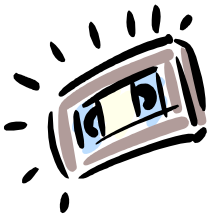
For achieving the goal of immunizing 90% of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

A. Patrick Rose, MD

Outstanding achievements in immunizations goes to:

Leon White, MD
Southpoint Pediatrics
McKay Dee Porter Family Practice
Jackson Family Clinic
Kane County Clinic
Grow Up Great
Summit Pediatrics (Park City office)

Coming Soon!!



Vaccine Storage & Handling Training Packet

Includes the video -

"Protect Your Patient: Storage & Handling of Vaccine Supplies".

Available FREE upon request.

Contact Linda Jenkins for more information at (801) 538-9450.

Checklist for Safe Vaccine Handling & Storage

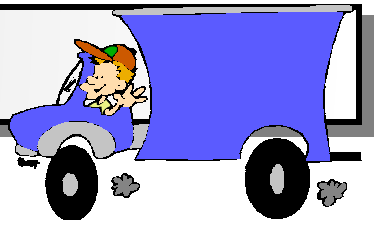
Here are the 10 most important things you can do to safeguard your vaccine supply. Are you doing them all? Reviewing this list can help you improve your clinic's vaccine management practices.

Yes	No	
____	____	1. We have a designated person - - and a back-up - - in charge of the handling and storage of our vaccines.
____	____	2. Our refrigerator for vaccines is either household-style or commercial-style, NOT dormitory-style. The freezer compartment has a separate door.
____	____	3. We have a source of back-up power and/or security alarm system to alert the appropriate personnel if refrigerator and freezer temperatures reach outside of recommended ranges (too hot or too cold).
____	____	4. We have established a written emergency handling procedure (a plan of action should a storage problem occur, such as a delivery problem, power outage, mechanical failure). *Tip: The first step is to refrigerate vaccines appropriately, don't assume that they cannot be salvaged.*
____	____	5. We store and rotate vaccines with the shorter expiration dates in front of those vaccines with longer expiration dates; and remove and return expired VFC vaccines to the Utah VFC Program.
____	____	6. We always keep a thermometer in the refrigerator and freezer. (thermometers are available through the Utah VFC Program if needed, please call 801-538-9450.)
____	____	7. The temperature in the refrigerator is maintained at 35–46°F (2–8°C).
____	____	8. The temperature in the freezer is maintained at 5°F (-15°C) or colder.
____	____	9. We maintain a log of temperature checks and record twice daily, at the beginning of the day and end of the day. If temperatures reach outside of recommended ranges, we follow the instructions in the Emergency Response Worksheet and our Emergency Vaccine Handling Procedure.
____	____	10. We have a "Do Not Unplug" sign next to the refrigerator's electrical outlet. (Signs are available through the Utah VFC Program if needed, please call 801-538-9450.)

If all above answers are NOT "yes," assign someone to review the situation and help you implement any needed changes!

For more information on Vaccine Storage and Handling contact Linda Jenkins at 801-538-9450 or check out our website at www.immunize-utah.org

2002 Care-A-Van Schedule



The Care-A-Van travels throughout the state every spring and summer. Immunizations are free for children ages 2 and under and are only $5.00 per shot for children needing school-required immunizations. (Parents should bring their child's immunization record.)

July 2002

July 27, Sat.
Nibley Park Elementary
2785 S. 800 E., **Salt Lake City**
9 – 12pm

August 2002

Aug. 2, Fri.
Children's Health Connection
Ogden School District Office
1950 Monroe Blvd., **Ogden**
11 – 7pm

Aug. 3, Sat.
Children's Health Connection
Ogden School District Office
1950 Monroe Blvd., **Ogden**
11 – 5pm

Aug. 8, Thurs.
Salt Lake Care Fair
Horizonte Center
1234 S. Main, **Salt Lake City**
4 – 8pm

Aug. 9, Fri.
Salt Lake Care Fair
Horizonte Center
1234 S. Main, **Salt Lake City**
12 – 8pm

Aug. 10, Sat.
Salt Lake Care Fair
Horizonte Center
1234 S. Main, **Salt Lake City**
9 – 5pm

Aug. 14, Wed.
Jackson Elementary
750 W. 200 N., **Salt Lake City**
8 – 12pm

Aug. 14, Wed.
Dilworth Elementary
1953 S. 2100 E., **Salt Lake City**
2 - 5pm

Aug. 20, Tues.
Healthy Sandy Community Project
Sprucewood Elementary
12025 S. 1000 E., **Sandy**
4 – 7pm

Aug 21, Wed.
Layton Elementary
369 W. Gentile, **Layton**
9 – 1pm

September 2002

Sept. 11, Wed.
Sandy Elementary
8725 S. 280 E., **Sandy**
4 – 7pm

Sept. 17, Tues.
Healthy Sandy Community Project
Crescent Elementary
11100 S. 230 E., **Sandy**
4 – 7pm

Sept. 21, Sat.
Jordan Valley Medical Center Health Fair
West Jordan City Park
8000 S. Redwood Rd., **West Jordan**
10 – 4pm

October 2002

Oct. 15, Tues.
Healthy Sandy Community Project
Peruvian Park Elementary
1545 E. 8425 S., **Sandy**
4 – 7pm

November 2002

Nov. 3, Sat.
Healthy Sandy Community Project
Jordan High School
95 E. Beetdigger, **Sandy**
9-12 pm

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our web-site's new look!

www.immunize-utah.org

Utah Immunization Requirements Kindergarten Entry 2002-2003

In order to attend kindergarten, a child must have proof of receiving the following immunizations:

- 5 DTP/DTaP/DT – 4 doses if 4th dose was given on/after 4th birthday
- 4 Polio – 3 doses if 3rd dose was given on/after 4th birthday
- 2 Measles
- 1 Mumps
- 1 Rubella
- 3 Hepatitis B
- **NEW!** 1 Varicella (chickenpox) – history of chickenpox is OK; parent must sign verification statement on school immunization record
- **NEW!** 2 Hepatitis A

A child may be allowed to attend school "conditionally" if at least one dose of each required immunization has been completed and the child is currently on schedule to finish the rest. The remaining immunizations must be completed on schedule for the child to remain in attendance.

For more information refer to the *Utah School and Early Childhood Program Immunization Guidebook 2002*.
To order or copy or additional copies call the Utah Immunization Program at 801-538-9450.